

NASA Leadership and Management Development Programs Participant Nomination Form

	Business Education I Executive Business E Global Leadership Pr Management Educat Nominee Information Mr. Ms. Dr. Full Name: Name to be used on r E-mail Address:	Please check the property of t	ollowing pa	Managing the Influstrategic Busines The Human Elementicipant information SSN: Phone: () Fax: () Date of Birth:	uence Process s Management ent n: Grade	MIP SBM THE
3.	Mailing Information					
	Center:			•		
	Street Address:			City/State/Zip:		
	Special Dietary, Medical, Physical, or Other Requirements:					
5.	Please check your primary activity: Technical/Engineering Administrative/Resource Management Program/Project Management Research					
6.	No. of direct reports (individuals with whom you formulate and sign performance plans/appraisals)					
7.	Previous management development program(s) attended:					
	Date	Program Name			Length	
8. Statement of endorsement by your immediate manager (evidence of need, ability, potential						al, etc.)
	Immediate Manager's Signature				Date	
NOMINATING OFFICIAL'S CONCURRENCE:						
Contar Director/Associate Administrator						
	Center Director/Associate Administrator Date Forward nomination form to your Center's designated LMD Training Representative.					
	Questions? Contact RGI at 703-820-4900, extension 116 or j.girard@rgi-inc.com					

*Disclosure of your social security number is completely voluntary. It is used as an unique identifier in a database which tracks program history and provides participants with a cumulative history of their attendance at programs, and it helps avoid duplicate records. This information is never printed on any documents or disclosed in any way.